

Attorney Docket No.: 41052/321928  
Express Mail Label EV461334357US  
No. \_\_\_\_\_

## DECLARATION FOR PATENT APPLICATION

Original       Supplemental       Substitute       PCT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below), or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### RESPIRATOR MASK WITH HYGIENIC PROTECTION

(Title of the Invention)

the specification of which (check one)

is attached hereto

was filed on 14 May 2004 as

PCT International Application Number PCT/FR2004/001195

and was amended \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a) - (d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified, by checking the box below, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications			Priority Claimed		Copy Attached	
Application Number	Country	Foreign Filing Date (MM/DD/YYYY)	YES	NO	YES	NO
03/05,993	FR	05/16/2003	X			X

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below and claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application(s) designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Parent Application Number	Filing Date	Status (Mark Appropriate Column Below)		
		Patented	Pending	Abandoned

I authorize the U.S. attorneys or agents associated with the customer number provided below to accept and follow instructions from my employer (if I am an employee and this application has been or will be assigned to my employer) or the entity with which I have contracted (if I am an independent contractor and this application has been or will be assigned to such entity), as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorneys or agents associated with the customer number provided below will be so notified by the undersigned.

As a named inventor, I hereby revoke all prior powers and appoint the practitioners associated with

**CUSTOMER NO.**

**23370**

business in the United States Patent and Trademark Office connected therewith.

U.S. National Phase of PCT/FR2004/001195  
Filed: 07 November 2005  
For: **Respirator Mask with Hygienic Protection**  
Inventor: Robert Schegerin  
Declaration for Patent Application  
Page 3

I acknowledge that the attorneys and agents associated with the aforementioned customer number are with Kilpatrick Stockton LLP and represent my employer (if I am an employee and this application has been or will be assigned to my employer) or the entity with which I have contracted (if I am an independent contractor and this application has been or will be assigned to such entity) and in such cases do not represent me individually. I further acknowledge I have not established, nor will I seek to establish, any personal attorney/client relationship with Kilpatrick Stockton LLP in connection with this application and understand that, should I require legal representation, I will obtain such, at my expense, other than through Kilpatrick Stockton LLP.

Send Correspondence to:

**CUSTOMER NO.**

**23370**

Direct telephone calls to:      Dean W. Russell      Phone No.: 404.815.6528

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Full name of sole or first inventor Robert SCHEGERIN

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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